



REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/492,133
	Filing Date	January 27, 2000
	First Named Inventor	Robert Pollin
	Art Unit	3627
	Examiner Name	Alexander Kalinowski
	Attorney Docket Number	124452-00101

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

27557

☒ Please change the correspondence address for the above-identified application to:
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature Robert E. Pollin

Name Robert Pollin

Date January 19, 2006

Telephone

301-987-0700

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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